2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 262724

Entity Name: ADGER-SMITH-WELLS INC

Current Principal Place of Business:

873 ADGER SMITH LANE
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

873 ADGER SMITH LANE
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-0977911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUCE, CONSTANCE N.
873 ADGER SMITH WELLS INC.
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRUCE, CONSTANCE N.,
Address: 873 ADGER SMITH LN
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete
Name: JOHNSON, ROBERT V,
Address: 735 WINGFOOT LANE
City-St-Zip: MELBOURNE, FL 32940

Title: VD ( ) Delete
Name: BRUCE, GEORGE A,
Address: 873 ADGER SMITH LN
City-St-Zip: MELBOURNE, FL

Title: STD ( ) Delete
Name: GARY, LISA,
Address: 873 ADGER SMITH LN
City-St-Zip: MELBOURNE, FL

Title: VPD ( ) Delete
Name: GARY, BRADFORD L.,
Address: 873 ADGER SMITH LANE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA GARY STD 03/19/2009

Electronic Signature of Signing Officer or Director — Date